

## Child Sex Trafficking (CST) and Commercial Sexual Exploitation Inpatient Guideline (CSEC) in a Healthcare Setting.

### High Risk for CST <18yo

#### Chief Complaint of:

Vaginal or Penile Discharge (or noted on exam).  
Request for STI testing.

Request for Pregnancy testing/complication of abortion.

Intoxication or Ingestion.

Suicide Attempt.

Acute Sexual or Physical Assault.

#### Other:

Child has an injury suspicious for being inflicted.  
Tattoos with words like Candy or Loyalty or tracking device.

History of multiple sexual partners or multiple STIs.

Child's significant other appears much older.

Adult with child is not guardian and/or speaks for the child.

Child has a history of running away.

RN/MD have concerns of CST based on High Risk Criteria.

RN/MD consult Social Work.

Social Work uses Short Screen for CST (Appendix A).

Social Worker

1. Discusses case with Attending
2. Notifies Law Enforcement of potential victim.

Any Concerns for CST?

- Consider Child Protection Team/Child Psychiatry team consult if unsure.
- Consider Alias for Registration and NO visitors

**No**

- Proceed with Routine Care.
- Call CPT NP if Acute Assault/Abuse.

**Yes, but not active CST**

**No**

Admit?

**Yes**

- Call CPT to discuss the case.
- Consider calling law enforcement and CPS.
- Ensure Mental Health and CPT follow up within 30 days.

- Consult CPT and Child Psychiatry.
- Notify Law Enforcement of Admission.

**Yes, active CST**

- Call CPT NP for Exam.
- Notify Law Enforcement and CPS.

- If admitted, CPT MC and Child Psychiatry to follow up in AM.
- Toxicology consult recommended if substance abuse is suspected.

- If discharging, discharge to placement in residential facility or with safe guardian.
- Mental health and CPT follow up in 2 weeks.

### Screening Tests

- Comprehensive urine drug screen for drugs of abuse
- Pregnancy test
- STI including Hepatitis, HIV, RPR
- GC/Chlamydia and Trichomonas
- Consider trauma and/or nutrition labs